. S. No. 2
M—9-4-41
rv. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28874

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7628

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
607 North Grand, Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis~~ LaBlue - N R 1 2
(If outside city or town limits, write "RURAL")

(d) Street No. # 25 Fair Oaks.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OATHER A.KELLY.

3. (b) If veteran, name war unknown

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah Kelly

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July (Month) 20 (Day) 1895 (Year)

8. AGE: Years 47 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Hazeldell, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Dentist

11. Industry or business

FATHER
12. Name George D. Kelly
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Maryetta Morrow
15. Birthplace Decatur, (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs.O.A.Kelly.
(b) Address # 25 Fair Oaks

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept.14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hazeldell, Illinois

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) SEP 14 1942 (Date received local registrar) J. J. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1942 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 5, 1938, to Sept 11, 1942, that I last saw him alive on Sept 11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute coronary occlusion	1 1/4 hrs
Due to Coronary artery sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Anthony B. Day (M. D. or other)

Address 3720 Washington Date signed 9.12.42

(Licensed Embalmer's Statement on Reverse Side)

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Dr. A. Day
3720 Washington
NE-0870

411

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.